



The Scout Association



### DofE Participant Enrolment Form

DofE Licenced Organisation: **The Scout Association**

DofE Centre: **Lincolnshire Scouts**

DofE Group (District): \_\_\_\_\_

**Please make cheques payable to 'Lincolnshire**

DofE Leader: \_\_\_\_\_

**Scouts' with the participants name on the reverse.**

DofE Level: Bronze - £25.00  Silver - £25.00  Gold - £32.00

Have you registered for any previous levels of the DofE (inc, with Lincolnshire Scouts)? **YES / NO**

IF YES—Please give the name of the DofE Centre you were registered at: \_\_\_\_\_

eDofE ID number: \_\_\_\_\_

#### Personal Details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M  F  Date of Birth: \_\_\_\_\_

When you first sign in to eDofE you will be asked to record some personal details such as your contact details, ethnicity and personal circumstances along with details of any medical needs you may have. This data is used to enable your Leaders to support you doing your DofE programme and for the DofE's statistical and reporting purposes. You will always have a 'prefer not to say' option.

#### Contact Details

E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

#### Emergency Contact Details

Emergency Contact Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Emergency contact telephone number: \_\_\_\_\_

**Declaration - By submitting this form by email I accept this declaration (and if I am under 18 my parent/guardian as detailed below consents).**

I agree to enrol as a participant on a DofE programme. I understand that I will be managing my programme using the online eDofE system. I acknowledge that this system has a set of terms and conditions that I agree to. These terms and conditions are available at [www.edofe.org](http://www.edofe.org)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Consent to enrol from parent or guardian (if applicant is under 18 years old).**

I agree to my son / daughter / ward doing a DofE programme. I note that it is my responsibility to check that any activity my son / daughter / ward undertakes for their DofE programme is appropriately managed and insured, unless the activity is directly managed or organised by their DofE group, centre or Licensed Organisation.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return form to: Lincolnshire Scouts DofE, 19 Morton Front, Gainsborough, DN21 3BD**

|                                     |  |                 |  |
|-------------------------------------|--|-----------------|--|
| <b>For County Adviser use only:</b> |  |                 |  |
| Date registered onto eDofE:         |  | User ID number: |  |
| Expected start date:                |  | Username:       |  |
| Participant Fee received:           |  |                 |  |

**Note:**

Data supplied on this form and in eDofE and information about DofE activities recorded in eDofE will be used by the DofE Charity, the Licensed Organisation and DofE centre to monitor and manage DofE participation and progress by young people and manage and support Leaders.

The DofE Charity will use personal data to communicate useful and relevant information to either help participants complete a DofE programme, Leaders/LOs to run DofE programmes more effectively or help the DofE Charity to improve the quality and breadth of its programmes.

Occasionally the DofE Charity may send you information relating to commercial offers. If you do not wish to receive commercial information from the DofE Charity you can choose not to by amending your contact preferences in your eDofE profile at any time.